



PTO/SB/21 (03-03)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission 11

Application Number	09/852,865
Filing Date	5/10/01
First Named Inventor	Hiben, et al.
Group Art Unit	2684
Examiner Name	John J. Lee
Attorney Docket Number	CM04756H

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC {Appeal Notice, Brief, Reply Brief}
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> RCE
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
	Remarks	

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APR 22 2004

Technology Center 2600

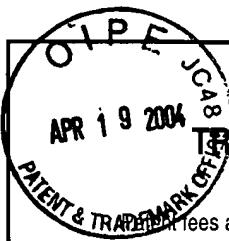
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Indira Saladi	Registration No.	45,759
Signature	<i>Indira Saladi</i>		
Date	April 15, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below:

Typed or printed name	Sheila Mannerino		
Signature	<i>Sheila Mannerino</i>	Date	April 15, 2004



**FEES
TRANSMITTAL**

fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

\$880.00

<i>Complete if Known</i>	
Application Number	09/852,865
Filing Date	5/10/01
First Named Inventor	Hiben, et al.
Examiner Name	John J. Lee
Group Art Unit	2684
Docket Number	CM04756H

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METHOD OF PAYMENT

FEES CALCULATION (continued)

APR 22 2004

Technology Center 2600

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEES CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
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1001	750	2001	375	Utility filing fee	<input type="text"/>
1002	330	2002	165	Design filing fee	<input type="text"/>
1003	520	2003	260	Plant filing fee	<input type="text"/>
1004	750	2004	375	Reissue filing fee	<input type="text"/>
1005	160	2005	80	Provisional filing fee	<input type="text"/>

SUBTOTAL (1) \$0

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="text"/>	<input type="text"/> 20	<input type="text"/> 18	<input type="text"/>
	-	= <input type="text"/> 3	<input type="text"/> 84	<input type="text"/>

Multiple Dependent		<input type="text"/> 280	= <input type="text"/>
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Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
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1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent

1205	18	2205	9	*Reissue claims in excess of 20 and over original patent
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SUBTOTAL (2) \$0

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Indira Saladi	Registration No.	45,759	Telephone	(847) 576-6735
Signature	<i>Indira Saladi</i>	Date	April 15, 2004		